



| Telehandler Forklift Pre-use Inspection Checklist   |  |  |  |                          |                            |                          |  |                  |  |  |                          |                          |                          |
|---|--|--|--|--------------------------|----------------------------|--------------------------|--|------------------|--|--|--------------------------|--------------------------|--------------------------|
| <b>Operator:</b>  |  |  |  |                          | <b>Make &amp; Model:</b>   |                          |  |                  |  |  |                          |                          |                          |
| <b>Company:</b>   |  |  |  |                          | <b>Hour Meter Reading:</b> |                          |  |                  |  |  |                          |                          |                          |
| <b>Location:</b>  |  |  |  |                          | <b>Date:</b> MM/DD/YYYY    |                          |  | <b>Unit No.:</b> |  |  |                          |                          |                          |
| POWER OFF CHECKS  |  |  |  | Status                   |                            |                          | POWER ON CHECKS                                      |                  |  |  | Status                   |                          |                          |
|   |  |  |  | OK                       | NO                         | N/A                      |  |                  |  |  | OK                       | NO                       | N/A                      |
| 1) Wheels and Tires   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 20) Unit starts and runs properly                    |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Lights/Strobes   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 21) Instruments/Gauges                               |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Mirrors/Visibility aids  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 22) Warning lights/audible alarms                    |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Engine/Engine compartment:   |  |  |  |                          |                            |                          | 23) Fuel level                                       |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Belts/Hoses  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 24) Horn/audible warning device(s)                   |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Cables/Wires   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 25) Function controls:                               |                  |  |  |                          |                          |                          |
| c) Debris   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | a) Boom & carriage – raise/lower/tilt/extend/retract |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Battery/Batteries:   |  |  |  |                          |                            |                          | b) Lifting attachment – proper movement              |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Terminals tight  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | c) Drive – forward/reverse                           |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Clean/Dry/Secure   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | d) Steer – left/right                                |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Hydraulics:  |  |  |  |                          |                            |                          | e) Frame level                                       |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Cylinders/Rods   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | f) Outriggers  |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Hoses/Lines/Fittings   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 26) Braking:   |                  |  |  |                          |                          |                          |
| 7) Fluids:  |  |  |  |                          |                            |                          | a) Service/De-clutch                                 |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Engine oil                      Level      Leaks   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | b) Parking   |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Engine coolant               Level      Leaks  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 27) Other:   |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Hydraulic oil                 Level      Leaks   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |  |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Fuel                             Level      Leaks  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <b>GENERAL</b>                                       |                  |  |  | <b>OK</b>                | <b>NO</b>                | <b>N/A</b>               |
| 8) Data/Capacity Plate/Load Charts  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 28) Housekeeping                                     |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Windows/Glass/Doors  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 29) Manufacturer's operating manuals                 |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Lifting Attachment(s)   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 30) Decals/Warnings/Placards                         |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Counterweight/Counterweight bolt(s)   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 31) Misc. parts – loose/missing/broken               |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Hood/Covers/Panels  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <b>WORKPLACE INSPECTION</b>                          |                  |  |  | <b>OK</b>                | <b>NO</b>                | <b>N/A</b>               |
| 13) Air filter indicator  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 32) Drop-offs or holes                               |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Boom Sections – damage/wear pads  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 33) Bumps and floor/ground obstructions              |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Boom Angle Indicator-free movement  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 34) Debris   |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) ROPS/Cab  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 35) Overhead obstructions                            |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Frame level indicator   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 36) Energized power lines                            |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Seatbelt  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 37) Hazardous locations                              |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Other:  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 38) Ground surface and support conditions            |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 39) Pedestrian/vehicle traffic                       |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 40) Wind and weather conditions                      |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | 41) Other possible hazards                           |                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.</b> |  |  |  |                          |                            |                          |  |                  |  |  |                          |                          |                          |
| <b>COMMENTS</b>   |  |  |  |                          |                            |                          |  |                  |  |  |                          |                          |                          |
|   |  |  |  |                          |                            |                          |  |                  |  |  |                          |                          |                          |
|   |  |  |  |                          |                            |                          |  |                  |  |  |                          |                          |                          |
|   |  |  |  |                          |                            |                          |  |                  |  |  |                          |                          |                          |
| Operator's initials:  |  |  |  |                          |                            |                          |  |                  |  |  |                          |                          |                          |
| Alternative operator's initials:  |  |  |  |                          |                            |                          |  |                  |  |  |                          |                          |                          |